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EDITORS.

SUITS FOR MALPRACTICE.

Their Rarity in Kentucky.

The report lately made by Dr. Sanger, of Maine, on the subject of malpractice in that state shows a melancholy, and indeed an exasperating, condition of affairs existing there. It would seem that the professional reputation of the doctors of Maine was in constant danger of being attacked by suits for malpractice; and whether there was any justification or not, their purses were drained just the same, either by damages granted or by the expense attending successful defense. Some of the New York journals have also stated that malpractice suits have become so common in that state as to be a great nuisance, and we have reason to believe that their occurrence in Indiana is quite frequent. These three states are the only ones of which we have any positive data in regard to suits for malpractice, but it is probable throughout the North generally they are instituted sufficiently often to make the matter one for very serious consideration.

It has occurred to us in this connection that it would be interesting and instructive to point out the fact that in Kentucky suits for malpractice are extremely rare, and to offer some explanation for this peculiar condition of affairs. We have not been able (as Dr. Sanger has done) to make systematic inquiry among the doctors throughout the state, but a pretty thorough inquiry among the doctors and lawyers of Louisville shows the fact that no suit for malpractice against a physician has, within the memory of the present generation, been decided in the

courts of this city. One was lately introduced, but was withdrawn at the plaintiff's costs. Several have been threatened, but came to nothing; and in one instance a compromise sum was paid by a physician against whom suit might have been brought.

The city of Louisville represents about one twelfth of the state, and no doubt the experience here may be taken as a fair sample of that of the state at large. In matters of this sort, too, advice would be naturally sought from the greater medical centers; and in only one instance that we can learn was a suit for malpractice carried through a court of the interior counties.

As a more positive evidence of the rarity of such suits in Kentucky, we give the subjoined reply to an inquiry made of Mr. John Mason Brown, of the Louisville bar:

I have taken the trouble to look through our Kentucky cases contained in seventy-six volumes as to the point upon which we were conversing this morning—the infrequency of suits against physicians and surgeons for malpractice. I am surprised to find only *two* cases reported in the history of the commonwealth. Of course there must have been many which were not taken up to the appellate court; but you may justly infer that the action is a rare one, just as you may infer the great amount of litigation concerning land from the numerous reported cases.

The two reported cases concerning physicians in this state are:

1. *Piper v. Meniffee*, 12 B. Monroe's Reports, page 465, where Dr. Meniffee sued for his bill. The defendant, Piper, showed that the doctor came from a small-pox patient, and brought the disease into Piper's family, though warned not to come without "disinfecting." The court held that the doctor's bill for attending the case of "fever" could be reduced by his bringing in the "small-pox."

There seems to be a latent vein of suggestion that the doctors are held to an implied warranty that they have no catching diseases about them.

2. The other case is that of *Hord v. Grimes*, reported in 13 B. Monroe's Reports, page 188. In that case "Hord sued Dr. Grimes for having caused the death of his negro man 'Bill' by making him take and swallow poisonous drugs, in consequence whereof the slave became sick and died." The doctor won his case before the jury, but the case was reversed in the Court of Appeals on a technical point.

These cases (decided, the first in 1851 and the second in 1852) are the only ones reported. There is a case in 13 Ben Monroe's Reports, 219, of *Fleet v. Hollenkamp*, decided in 1852, in which a druggist was mulcted in heavy damages for making a mistake in putting up a prescription. Instead of a tonic preparation of Peruvian bark and snakeroot, the patient received a strong dose of tincture of cantharides, to his manifest and serious discomfort.

In these you have the medical malpractice suits of Kentucky, so far as reported cases show.

It would hardly be fair (though we hold the argument in reserve!) to suppose that the surgical and medical skill of Kentucky is so far superior to that of other states as to account for the peculiar immunity of our doctors from malpractice suits. The matter is well worth considering, however, that the causes if discovered should, if possible, be made to apply in less favored regions.

The first explanation, we believe, lies in the character of the people. Their temper is not such as to make them look for pecuniary damages for personal wrongs. Suits for libel, slander, breach of promise, seduction, etc., are anomalies in the Kentucky courts. It is not the fashion to compound such affairs for money. Such procedure, indeed, is rather attended with a loss of caste; and with this sort of feeling so common, it happens that when a man has suffered a bodily wrong, and the question of redress arises, he receives no encouragement from others (and suits for malpractice are most often the results of outside interference) to get damages in a court of law, unless it be against a corporation. When it is man to man, there are other methods of settlement. It would be foreign to our purpose to discuss the results of this sort of code, but we may distinctly declare that whatever may have been the case in the earlier history of Kentucky, deeds of violence are just as rare within its borders to-

day as in other states of the Union. Possibly we may be thought to be indulging in a little "Kentucky blowhard" when we say it, but nevertheless we do say it, that the Kentucky natives, whatever be their sins, are particularly generous in their natures, and are not prone to confound misfortune with fault.

Again: an excellent cordiality exists between the doctors of Kentucky. They may wrangle like other doctors, perhaps, about school matters (ourselves, indeed, have been forced, in times gone by, seemingly to do so); they may follow the fashion of the doctor-world at large in the matter of professional jealousies; but when it comes to one doctor testifying in a court of law against another doctor, he is not there. The vaguest suspicion, indeed, of having to do such a thing would cause him to place himself beyond the reach of a subpoena; and so it happens that if a suit for malpractice is contemplated, the plaintiff finds so little encouragement from the medical men, who must sanction it, that it falls to the ground before it takes shape.

Again: between the professions of law and medicine in this state there exists the utmost confidence and respect. The charges against the lawyers of Maine, made by Dr. Sanger in his report, is incomprehensible in Kentucky. Doubly do the members of our bar seem to hold to the legal maxim that it is the interest of the commonwealth to prevent litigation in matters under consideration, and to the wise and humane advice of these gentlemen no doubt do our doctors owe much of their immunity from suits for malpractice. And lastly, to come down from generalities to particulars, we may offer this in further explanation: Suits for malpractice are three times out of four brought in cases of fracture. The present practice of Kentucky, and for the last fifteen years, has been against the use of the *immediate bandage*. Whatever the method of fixation used, the layer of cotton goes next to the limb; and with such practice we firmly believe that the danger accompanying the treatment

of fractures is reduced to its minimum, and the best results obtained.

The subject has gone beyond the limits we had set for it, and many points still suggest themselves. We may recur to the matter at another time. In the meanwhile the fact remains that suits for malpractice are among the rarest of legal events in Kentucky, and if we have not offered satisfactory explanation for it, we should be glad to hear from others upon the matter.

ASCLEPIAS SYRIACA.

The following testimony as to the value of this medicine is from reliable practitioners, and is furnished us by Dr. H. K. Pusey, of Garnettsville, Ky., who first called attention to this particular silkweed in the LOUISVILLE MEDICAL NEWS, Vol. V, No. 14, April, 1878. The silkweed, or milkweed, as it is also called—silkweed because of the silky fibers covering its seeds, and milkweed because of its milky juice—belongs to an extensive family, and is found on most portions of this continent. The only book with which we are acquainted that mentions the *asclepias syriaca* is the National Dispensatory, a great work, by Stillé and Maisch, just published. In this Dispensatory *asclepias incarnata*, *asclepias tuberosa*, and *asclepias syriaca* are thus spoken of:

MEDICAL ACTION AND USES.—The qualities of the three species of *asclepias* are practically identical, but those of *A. tuberosa* are best known. Like many other medicines, it has been alleged to possess specific powers in the cure of particular diseases; but a comparison of the reports concerning it show that it is one of the numerous class of vegetable products which under certain conditions act as emetics and even purgatives, and more commonly as sudorifics, expectorants, carminatives, and anodynes. Being an irritant, it has not escaped being ranked as a cholagogue. *A. syriaca* is said to be diuretic. Its general qualities account for its having been regarded as a valuable diaphoretic in the forming stage of fevers. It is, however, thought to produce sweating not by stimulating, but by lowering the action of the heart. The same characteristics render it useful in acute rheumatism, bronchitis, pneumonia, and

pleurisy, so far as sedation of the nervous and circulatory systems can do so; that is, by lessening local congestions. The "pleurisy" it is credited with relieving was most probably muscular rheumatism of the walls of the chest. Flatulent colic and dyspepsia are affections to which it has been regarded as peculiarly appropriate. The milky juice of *A. syriaca* applied to the skin soon becomes a tough, adhesive pellicle, and has been used to coat recent wounds and superficial ulcers, and promote their cicatrization. The dose of the powdered root is from twenty to sixty grains. A decoction is made with an ounce of the root to a quart of water, and is given in doses of four fluidounces every two hours as a diaphoretic. A fluid extract has also been prepared.

From Dr. L. D. Knott, of Bradfordsville, Kentucky:

M. P., aged fifty years, had ten years ago general dropsy, which was treated in usual way with bicarb potas. and jalap, elaterium, etc., with only partial relief. After three weeks' treatment with above remedies his condition was but little improved, when he was put on the use of the silkweed, which brought about relief of all the symptoms in a short time, and ultimately a complete cure. He has remained free from the disease for ten years.

Silkweed is much used here as a domestic remedy in various affections. It is claimed by Dr. Hodgen, of Lebanon, to be an excellent alterative and diuretic, and might be used to advantage in many ailments.

From Dr. W. W. Cleaver, of Lebanon, Kentucky:

In 1861 I had a patient aged fifty years, and mother of eight or nine children, who was the subject of ascites. After using calomel and squills, elaterium, etc., with no decided benefit, I commenced the use of silkweed root with decided improvement. In a short time her stomach rejected it, and it was discontinued. She then took only purgative pills and iron, and completely recovered. She is now nearly sixty-eight years old and in perfect health. I have used it in several other cases of dropsy with decided advantage. I often prescribe it in cases of obstinate constipation, and with good effect. The only objection I have ever found to its use is its nauseating effects and occasionally griping of the bowels. We should have a fluid extract of it prepared, for I am certain it would prove a popular remedy in dropsy, though I doubt if it will ever supersede elaterium (Clutterbuck's elaterium).

From Dr. J. B. Evans, of Riley's Station, Kentucky:

I attended patient in the spring of 1870, who had excessive general dropsy. I ordered him to use silk-

weed root in the form of a home-made tincture in sufficient quantity to keep his bowels and kidneys active. I also gave him about five grains of calomel every twelve or fifteen days. The case was relieved in three or four months. I have used the silkweed root successfully in secondary and tertiary syphilis, and it is my opinion it is an excellent alternative as well as purgative.

NITRITE OF AMYL.

Dr. T. W. Hewitt, of Mariana, La., writes us of his remarkable success in restoring to life a still-born child by means of nitrite of amyl and artificial respiration. This substance stands at the head of the remedies for chloroform-poisoning, according to foreign authorities, and in drowning and suffocation it has been recommended. In violent paroxysms of asthma and in angina pectoris we have gotten delightful results from it. It is not the dangerous thing it was first supposed to be, and may be used in ten- or twenty-drop doses, or more, without fear. We apply it upon a handkerchief, as we would perfume, by holding the handkerchief to the mouth of the uncorked bottle with the finger, and shaking it till the spot under the finger is saturated. The patient is then directed to take long, full, deep inspirations, and two or three breaths often suffice to give relief. It is to be repeated as needed, and may be left with the patient to use at discretion.

CASCARA SAGRADA.

An eastern medical journal took occasion some months ago to denounce this medicine as a fraud foisted upon the profession by Parke, Davis & Co. It was furthermore charged that the journals which had spoken favorably of cascara sagrada had been "entrapped or else deliberately bargained into giving their sanction and aid to this form of mercantile exploitation of the profession and their patients." Finally it was demanded that they "publicly retract their statements about these pretended remedies." This coarse attack upon the integrity of a great

mercantile house and upon the honor of American journalism has elicited an almost universal and unanimous reiteration of the good words previously bestowed on cascara sagrada by the impugned journals. In this city it is largely used, and with us is a favorite laxative. It is not worth while for us at this day to make any defense or bestow praise on Parke, Davis & Co., or cascara sagrada. Where they are known they are trusted. We indorse both.

DEATH has been active among the younger lights of medicine. Quickly following the demise of Dr. Longworth of Cincinnati, and Dr. Dow of Nashville, comes that of Dr. Thos. Waddell, of Toledo, who died before he reached forty. Dr. Waddell was among the most prominent of the physicians in northern Ohio, and had shown great talent as a practitioner, teacher, and writer. Our readers will remember a number of interesting extracts from his papers on gynecology, which we have in times gone by reprinted from the Toledo Medical Journal, of which he was an editor.

THE CONFESSIONAL A FAILURE.

The British Medical Journal some time since devoted a certain amount of its space to be used by surgeons and physicians for public but anonymous confession of their sins of omission and commission. We have read this department of our most excellent contemporary with interest and care, and we are rather surprised to find that our foreign brethren have apparently misconstrued the invitation of the British Medical Journal. They chiefly confess other people's mistakes, and not their own. Have they mistranslated the long Latin caption of the confessional column? or is it that common human perversity which so inclines people to do what they are not told to do, that has led to this ludicrous perversion? A good name for this department, as it is now occupied, would be Our Telltale Corner.

It is with deepest regret that we announce the death of Dr. John M. Woodworth, Surgeon-general of United States Marine Hospital service, which took place at Washington on March 14th. It is hard to realize that the labors of so active a worker are at an end, and it is painful to know that an officer so efficient and a gentleman so courteous, is gone. In another column we reprint from the Evening Post of this city an account of his life from the pen of his friend, Dr. Wm. H. Long, of the Marine Hospital service in Louisville.

It is often difficult for the young doctor to learn, but it is oftener impossible for the old doctor to unlearn.

Original.

A CASE OF ORGANIC STRICTURE OF THE URETHRA FROM MASTURBATION.

BY J. W. THOMPSON, M. D.

At a meeting of the American Medical Association at Chicago, in June, 1877, a paper from Dr. S. W. Gross, on Organic Stricture of the Urethra from Masturbation, was read, with a brief account of its pathological significance.

This paper of Dr. Gross attracted much attention, as it was bringing to the notice of the profession a pathological effect of onanism heretofore unrecognized; and it was the more interesting from the fact that Sir Henry Thompson and other eminent surgeons had failed to detect such results traceable to masturbation.

A boy, aged fourteen years, consulted me concerning a difficulty in urinating, and, as he termed it, "a choking sensation in the throat." I have known him since he was two years old, and have been the physician of the family during that period, and am satisfied, from his candid statement to me, that he has not had gonorrhea and never sexual indulgence. His age, and this being a section of country in which stone is liable to develop, caused me to suspect calculus in the bladder; therefore I attempted to sound him. In exploring the urethra an organic stricture was detected at the juncture of the

membranous with the spongy portion. Not until the third sitting was I enabled to pass a No. 2 metallic bougie, English scale. I continued to introduce gradually sizes up to No. 6, which corresponded with the capacity of the canal. When the stricture was fully dilated there was no longer any difficulty in urinating. Size 6 was introduced every third day for four weeks, which greatly lessened the hyperæsthesia of the urethra, with a corresponding improvement in the nervous trouble.

It is unquestionably established that a morbid condition of the generative organs in the female will cause serious reflex nervous disturbances, such as hysteria, insanity, etc.; and therefore it is not improbable that stricture from masturbation, with its attending hyperæsthesia, may, through reflex irritation originating in the urethra, cause serious neurosis.

Dr. Gross, assuming the above premises, and by analogous reasoning, calls the attention of the profession to the probability of such nervous troubles resulting from organic stricture, the result of onanism. The above-named gentleman, with some well-founded observations, asserts that it is probable that organic stricture of the urethra from masturbation may prove to be "a fruitful source of serious nervous diseases."

The inmates of our insane asylums from onanism prove that the true cause and proper treatment of that condition is not properly understood. Therefore, with our knowledge of the influence of reflex irritation, we should examine the canal carefully, as the pathological condition of an organic stricture may be the cause of the neurosis; and then the analogous effects of this reflex irritation in the female is so striking as to invite serious consideration to the subject. For a number of years I have observed that masturbators complained of a choking sensation very similar to globous hysteria in the female, but did not think of attributing it to this condition, but am now satisfied that peripheral irritation in the urethra was the cause of it. We should examine the urethra with the soft exploratory bougie of Leroy, as with it a contraction of the canal can not escape detection. I can scarcely conceive a more pitiable object than a promising youth a total wreck, mentally and physically, from masturbation, his hopeful career coming to so sad and early an end. It may make him so violently maniacal that he will attempt to break asunder the iron bars of his cell, or it may sap his fine physical powers by

developing phthisis, which, with its brilliant hectic flush, rapidly moves on to an early victory in death. It therefore behooves us to study the subject in all its bearings, that we may determine the true pathological condition and the proper treatment. I report this case merely to still further attract the attention of the profession to the fact that organic stricture of the urethra may result from onanism, so that in the future such results may not be overlooked in the treatment of that class of patients.

PADUCAH, KY.

Reviews.

The National Dispensatory: Containing the Natural History, Chemistry, Pharmacy, Actions, and Uses of Medicine, including those recognized in the Pharmacopœias of the United States and Great Britain, by ALFRED STILLE, M. D., LL. D., etc., and JOHN M. MAISCH, Ph. D., etc., with two hundred illustrations. Philadelphia: Henry C. Lea. 1879.

The profession is greatly indebted to the author and publishers of this vast and valuable volume. It contains over sixteen hundred pages, and is a store of learning to which the medical man and the pharmacist must often go for information. One can not carry all the knowledge one needs in one's head, and this dispensatory is to pharmacy and materia medica what the dictionary is to the language. A feature of the work—a novel and useful feature—is its index of remedies, showing what remedies have been recommended in the various diseases. Every druggist and doctor should buy this book.

Transactions of the American Dermatological Association, at the Second Meeting, held at Saratoga Springs, August 27, 28, and 29, 1878. Official Report of the Proceedings by the Secretary, DR. R. W. TAYLOR. Reprinted from the New York Medical Journal, October and December, 1878, and January and February, 1879. New York: D. Appleton & Co. 1879.

This volume of transactions shows the American Dermatological Association to be an earnest and industrious body of specialists. The transactions are composed of instructive reports and interesting discussions, the classification and nomenclature of skin diseases adopted by the American Dermatological Association, dermatological statistics, etc. The next meeting will be in New York, August 27th. We wish the association success, and shall take pleasure in furthering its interests whenever in our power.

Transactions of the Kentucky State Medical Society. Twenty-third Annual Session held in Frankfort, April 2, 3, and 4, 1878. Louisville: John P. Morton & Co. 1879.

A pamphlet of fifty pages, comprising the president's address; Prof. Cowling's address on the life and character of Lunsford Pitts Yandell, the late president elect of the Kentucky State Medical Society; a tribute of respect from the society to the memory of the dead president; a record of the business transacted; and a list of the members of the society.

The many interesting and instructive pages on professional subjects which were read before the society are not included in the published transactions. This omission, while much to be regretted, is in no way blamable upon the publication committee. Lack of funds rendered it impossible to print the entire proceedings; and as the medical journals of the state are ever ready to publish reports read before the society, it was deemed best only to publish the two addresses before mentioned. Many of the essays have already appeared, and others will appear in the medical journals.

The address of the president, Dr. Dismukes, of Mayfield, is a most creditable production, evidencing upon the part of its author a kindly heart, a clear head, and an earnest love for the profession of which he is an honored member.

L. P. Y.

Miscellany.

THE METRICAL SYSTEM IN GREAT BRITAIN. It is a curious fact that the metrical system, which has been permissive in Great Britain, ceased to be so on the 1st of January, 1879, when the new act relating to weights and measures went into force, at which date it became lawful to buy and sell only by imperial measures, among which those of the metrical system are not included.—*Drug. Cir. and Chem. Gaz.*

THE man who gives as his excuse for not subscribing to a new journal, "I have n't time to read those I already take," is, in nine cases out of ten, a poor tool. The busiest, most successful men in the practice of medicine, are those who read most and write most. They are the systematic workers; it is only the dawdler and the drone who "can't find time to read."—*Maryland Med. Jour.*

OBITUARY.

Dr. J. M. Woodworth, Surgeon-general of the Marine Hospital Service.

John Maynard Woodworth was born at Big Flatts, Chemung County, New York, August 15, 1837. His parents removed to Illinois shortly afterward. He pursued his literary and classical studies at Warrenville, Illinois, and in the University of Chicago. He graduated in medicine in 1862 at the Chicago Medical College, and immediately entered the federal army, and was assigned to duty as assistant post surgeon at Camp Douglass, Illinois. Soon after, he was appointed assistant surgeon of volunteers, and joined General Sherman in the field near Corinth. In 1863 he was promoted to surgeon, and assigned to duty as medical inspector of the fifteenth army corps, and afterward medical director of the Army of the Tennessee. During the Atlanta campaign he established field hospitals, for which he was complimented in general orders. On the "march to the sea" he took charge of one hundred men, moving them in ambulances, and although among the wounded were three men on whom amputation of the thigh had been performed, they arrived at Savannah with the loss of a single man. He was brevetted lieutenant-colonel for meritorious services. He was mustered out of service at the close of the war, and spent the following year in Europe, receiving special instructions in the hospitals at Berlin and Vienna.

On his return from Europe he was elected demonstrator of anatomy in the Chicago Medical College (he had previously declined the chair of physiology and histology in the same institution) and joined with it a course of lectures on comparative anatomy, and for one year filled the chair of natural history in the University of Chicago. In 1871 he was appointed surgeon-general of the United States Marine Hospital service, which position he held at the time of his death. For eight years he has labored to perfect the organization of that service, and has succeeded in removing it out of politics by securing legislation making appointments solely on the ground of merit, all applicants having to undergo a rigid examination, as in the army and navy. He became interested in quarantine and sanitary science, and succeeded in having the National Quarantine Act passed in 1878. Last summer he was active in gathering yellow-fever statistics, and the weekly bulletin kept the country

posted in regard to the spread, number of cases, and deaths from that disease, which was invaluable to the country and physicians. He organized the Yellow Fever Commission, and spent his time and energies in tracing the disease, its origin and best methods of prevention.

He was made chairman of the committee of investigation into the causes, etc., of yellow fever, appointed by Congress the past winter, and personally visited and supervised the work of the committee in all the affected cities and towns. He was a man of extraordinary energy and will, a man of good judgment, and conducted all his business systematically; had but few enemies, and a host of warm friends.

He was an active member of all the principal societies in the United States having for their object the advancement of medical or sanitary science, and an honorary member of the Kentucky State Medical Society. He was one of the twelve sanitarians who organized the American Public Health Association, in whose annual meeting at Richmond, last November, such a widespread interest was felt.

He was the author of a great many publications on medical and sanitary subjects, which attracted the attention of medical men in Europe as well as America. He was appointed by Congress one of the experts to investigate the cholera epidemic of 1873. "Hospitals and Hospital Construction," "The Immigration Service of the United States," "Migrants and Sailors, their Relation to Public Health," "Safety of Ships and those who Travel in Them," attracted more than usual attention. He had labored unusually hard the past winter on matters connected with yellow fever and other sanitary measures which were to come before Congress for the welfare of the American people, and there is no doubt that overwork was the cause of his death. The Marine Hospital service has suffered an irreparable loss in his death, and the whole American people one of their best friends and protectors from the ravages of disease.

NOTHING NEW.—Dr. Woodburn, of Glasgow, has in a local newspaper exposed alleged "Novelties in Dentistry." Tooth-grafting, he has shown, "is neither peculiarly French nor even can it bear the stamp of any nationality except the British, for our own John Hunter was the first to write upon the practicability of tooth-grafting."—*London Med. Press and Circular*.

SCHOOL HYGIENE.—Prof. Liebreich, some five years ago, delivered a very able lecture on School Life and its Influence on Sight, before the College of Preceptors at the Society of Arts. The burden of the lecture was that certain defects of vision occurred so often during the school-life of children that it was impossible not to connect the two circumstances. The defects referred to were decrease in range of vision, decrease in acuteness of vision, and decrease in the endurance of vision. Professor Liebreich showed that these defects were most probably due to an insufficiency of light or to the want of a proper adjustment of light. He further pointed out that unless these facts were definitely kept in view when the schoolrooms are planned and built, such evils would be almost unavoidable. The remedies suggested were both simple and efficacious. The first was to have a sufficiently strong light falling upon the table from the left-hand side, and, as far as possible, from above; the second was, furnishing the schools with suitable desks and seats.

This author has further enlarged his subject in a lecture on School Life and its Influence on Figure, and especially on the Spine. In this second lecture it is shown how the want of sufficient light, by taxing the eyes to the uttermost, leads insensibly to the adoption of postures which, though they relieve the eyes for a while, yet are dangerous because they give rise to deformities of the spine.

It was in great part with a view to remedy this latter danger that improved desks and seats were advocated, and a model of such submitted. The great essential in these desks is a movable top, so that the inclination proper for writing may be easily altered to the inclination proper for reading. The seats are to be provided with backs, and the desks with foot-boards, both regulated in proportion to the height of the child. "The frequency of the so-called scoliosis, or lateral curvature of the spine, has its principal origin in the position in which children sit during their school-time, especially while writing."

Most of our readers, now that attention has been called to this point, will allow that children often do assume very extraordinary attitudes while writing; and it seems very natural that they should attempt insensibly to accommodate themselves to circumstances over which they have otherwise no control. If the light is not sufficiently strong; if the

desks and the seats, having been made for big boys, are occupied by small ones—it is obvious that there will be discomfort somewhere; and as the human body is more elastic and more plastic than ill-built schoolrooms and ill-constructed school furniture, it is clear on which will fall the task of adaptation.—*Med. Times and Gazette.*

UNSETTLED THERAPEUTICS.—The reason for all this uncertainty and confusion appears to me to be that practitioners are endeavoring to account for all observed phenomena by some demonstrated physiological action of remedies. In prescribing, the physiological effect of the medicine is considered, and to combat certain conditions that remedy is chosen which is found in a classified list producing the desired effect on a healthy organization. Failures in observing desired results tend to unsettle preconceived notions, and the physician is forced into empirical practices. After repeated failures, all statements from those considered authority are received with credulity.—*Dr. W. C. Chapman, in Toledo Med. and Surg. Journal.*

DETERRENT EFFECT OF CAPITAL PUNISHMENT.—In the canton of Fribourg, which has one hundred and ten thousand inhabitants, there were only seven cases of murder in the ten years between 1864 and 1874. In the latter year the punishment of death was abolished throughout the Confederation. During the three years immediately following that event no fewer than fifteen murders were committed in the canton, while this year alone there have been five cases of homicide, making altogether twenty in four years. Thus, when capital punishment prevailed, the murders were at the rate of less than one a year; now they occur at the rate of five a year.—*Medical Press and Circular.* [Kentucky judges and juries and lawyers will please make a note.—Eds.]

DENTAL CARIES.—M. Maurel, at a recent meeting of the Société de Biologie, in Paris, communicated the result of his observations on caries of the teeth. He ascribes this affection to the effect of acidity, the absence of salts in certain kinds of water, and to ethnical influences. He has studied the disease in different races, and found that among the Ethiopians the proportion of decayed teeth is one to four; among the Europeans, one to nine; and among the Coolies, one to fifty-two.

OUTLINES OF PATHOLOGY.—The following lucid account of a case of "Reflex Neuralgiæ of the Genito-urinary Tract" is furnished by Dr. A. B. Wilkes, the yellow-fever elucidator of Nashville, to the Southern Practitioner (of Nashville). It is copied *verbatim* as far as we can go:

"J. W. Watkins, of this city, aged fifty-one years, was attacked, October 15, 1867, with severe lancinating pain along the course of the ureters and along the spermatic cord, involving the sphincter vesicæ and membranous urethra. Mr. W. was treated then by a very intelligent doctor for passage of calculus from the kidney pelvis to the bladder. After a few hours of agonizing pain he felt sudden relief, and has had no return of this trouble till December 23, 1878, when I was called, to find him in so much pain that he and family declared if not relieved he would die. Learning his history and the fact that he had never seen a stone pass out of the urethra, and finding sufficient cause for the existence of the neuralgia from an irritation of the peripheral nerves along the roof of the urethra of the glans-penis, I made at once a diagnosis of centric disturbance in the spinal cord, produced by this cause, and reflected, remotely, to points along the nerve distribution, as they were affected by adjacent tissues, which being called into play by motion or involuntary function, excited in these points a nerve force, which added to the force called into action by the spinal center in response to peripheric irritation produced in these points a greater nerve force, which was described in this instance as pain. How greatly my opinion was corroborated in this diagnosis may be understood by saying that, as quick as thought, when the cause was removed, an entire subsidence of the extra nerve force, produced by the conjoint action of normal neurosis at these points, and the reflex force from the spinal center, developed by the transmission of peripheric irritation, occurred. But imagine my consternation when I was called again in ten days, to see a repetition of his throes," etc.

Whereupon he called in a doctor to look for stone; not finding which, quinine was exhibited. The doctor continues:

"Thinking of the paroxysmal character of the attacks, I thought to give my patient quinine (a remedy rarely used). I did so to cinchonism, and the patient "improved in general appearance," and of the neuralgia he recovered entirely. Of the visical and urethral spasm he was cured. Did quinine

ever do this before? No, except in cases where the peripheral irritation is removed beforehand. On the contrary, cinchonism induced upon the existence of irritation of an afferent nerve, is unbearably bad practice. Cinchonism is an aggravated neurosis. Peripheral irritation excites centric nerve force (neurosis). Now add the two together and we have hyper-neurosis."

What could be clearer than this; and what a warning it should be to those who leave bougies, tacks, tenpenny nails, etc., lying loose around the urethra.

DE MORTUIS.—The editor of the Philadelphia Medical Times must have felt a little awkward when he came to read his editorial remarks in the last issue of his journal. Dr. Woodworth had already passed beyond human criticism. Of course a mistake had been made; but has n't some one remarked upon the close similarity of mistakes and crimes?

DR. BOZEMAN trounces Dr. Sims, in the New York Med. Record, again. Sims says only two out of three cases that he operated on in Vienna died, and charges Bozeman with "pretention and mysticism" in his operations. Bozeman quotes authority to prove that all three of Sims's victims "fell asleep."

SLANDEROUS.—Nothing does a doctor so much good as to prescribe a sea-voyage for a sick man who can't raise money enough to pay his street-car fare down town.—*Detroit Free Press.*

Selections.

THE DIAGNOSIS OF ABDOMINAL TUMORS.

Extract from a clinical lecture delivered in University College Hospital, in London, by Christopher Heath, F. R. C. S. Eng., Holme Professor of Clinical Surgery (British Med. Jour.):

Ascites, or dropsy of the peritoneum, gives an uniform roundness to the lower part of the belly when the fluid is small in quantity, or a general distension of the abdominal walls if much fluid be present. The skin is tense and shining, and the umbilicus flat or protruding, and the superficial veins enlarged. On palpation, a distinct wave of fluid can be felt from one side to the other; and when the patient is recumbent, the intestines float forward, giving a clearer note on percussion in front than in the loins, where the fluid collects. On turning the patient on his side, the fluid gravitates to the lower part, and a clear percussion-note may be obtained on the higher side, provided the abdomen be not very tense. In a case of moderate ascites, it will be possible to map out the liver, stomach, and spleen by

careful palpation and percussion; but if a large quantity of fluid be present, this will be impossible until paracentesis has been performed.

A Distended Bladder is in the median line, and bulges out the central portion of the abdominal wall. Percussion over it is dull, unless some coils of small intestine should happen to cover it, which is not unfrequently the case, while both flanks are clear when the patient is recumbent. Pressure over the tumor causes pain and a desire to micturate, and the use of catheter results in its gradual disappearance.

Tympanites, or general distension of the intestines, is not unfrequent in hysterical women, in whom borborygmi, or gurglings, are commonly heard. Extreme tympanites may occur in either sex as the result of intestinal obstruction, in which case the distended coils of small intestine may be felt or seen rolling about beneath the tense abdominal wall. Or it may occur as the result of peritonitis, in which case the intestines are usually fixed. The percussion-note in all cases is tympanitic.

Solid Tumors, dull upon percussion, and to be readily mapped out, provided there be no ascites, may be connected with the liver, spleen, intestines, or kidney. A tumor occupying the right hypochondrium, and extending forward to the middle line or beyond it, and downward to the pelvis, dull on percussion and solid to the touch, or possibly with a fluctuating spot, will be the liver. The diagnosis will be rendered certain if the edge of the liver with the notch in it can be felt. A tumor occupying the left hypochondrium, and extending forward and downward, dull on percussion, and with a notch in its border, must be the spleen.

In the *male*, a solid tumor in the iliac region may be due to a retained testicle taking on inflammatory swelling, in which case acute inflammatory symptoms will be present, or developing medullary cancer with considerable rapidity. The presence or absence of the testicle from the scrotum, which should always be investigated, will give the clue to the case.

In the *female*, the possible existence of a "phantom tumor" must not be ignored; for occasionally the irregular contraction of the abdominal muscles gives rise to a tumor of such solidity as to deceive the most experienced surgeon, but disappears absolutely under the influence of chloroform. No doubt some of these phantoms have been examples of loose kidney, in which the organ is readily displaced.

A small hard mass, slightly changing its position from time to time, will be either a mass of feces impacted in the testine, or a mass of cancer attached to its wall. Impacted feces are most common in the larger intestine, and give a somewhat doughy sensation to the fingers when steadily pressed against the mass. Hard cancer is most frequent at the pylorus and the lower end of the small intestine, close to the cæcum, or in the sigmoid colon, and is perfectly unyielding.

An obscure tumor in the loin can be best examined when the patient is recumbent, one hand being placed beneath the loin, and the other immediately below the false ribs, the abdominal muscles of the patient being relaxed as far as possible by flexing the thighs, and bending forward the trunk. If it be a mass of feces in the ascending or descending colon, it will be readily felt; but if an enlargement of the kidney, it will be more deeply placed, and the resonant colon will be found in front of it. The possible existence of a movable kidney must be borne in mind.

A Fluid Tumor in the loin must be due either to cystic degeneration of the kidney, or to psoas abscess. The kidney may, owing to obstruction of the ureter, become enormously distended with fluid, so as to form a distinctly fluctuating tumor in the loin, which never finds its way into the groin. A psoas abscess, on the other hand, tends to pass into the groin, and fluctuation may usually be traced beneath Poupart's ligament into Scarpa's triangle, where an impulse will be felt on the patient coughing. Symptoms of caries of the spine, with, probably, irregularity of the spinous processes, will be found if carefully looked for.

An obscurely fluctuating swelling in the *iliac region* will probably be an iliac abscess due to disease of the pelvis or lumbar vertebrae, or of the sacro-iliac joint. The condition of this joint is best tested by forcibly squeezing the innominate bones together, and then attempting to draw them asunder by pressure on the iliac crests.

On the right side, a fluctuating swelling in the iliac region may be due to a perityphlitic abscess, or abscess caused by inflammation of the cellular tissue around the cæcum, the acute symptoms of which will be present; and, if perforation of the cæcum have occurred, there will be crepitation of the cellular tissue from the escape of the intestinal gas.

Uterine Tumors.—A tumor in the median line, rising out of the pelvis, is probably uterine, if it be not the distended bladder. Pregnancy is first to be eliminated by inquiry as to menstruation, by examination of the breasts, and by listening for the fetal heart, which, after the fourth month, ought to be recognizable. Lastly, a vaginal examination will determine whether the os uteri is soft and velvety, as is the case in pregnancy. All suspicion of pregnancy being removed, the introduction of the uterine sound will determine whether the long diameter of the uterus is greater than the average (two inches and a half). Supposing the uterine sound to pass four or five inches readily, and to move with the tumor when it is pressed from side to side, it is obvious that the tumor is uterine, and probably a fibroid.

Ovarian Tumors.—A tumor occupying one side of the abdomen, having grown up from the pelvis, is probably ovarian. It is dull on percussion and elastic to the touch, or, if of large size, may fluctuate distinctly. If no ascites be present, both flanks will be resonant, in whatever position the patient is placed, but if there be fluid in the peritoneum, the most dependent part will be dull, though the dullness over the tumor will not vary. When fluctuation is present, but it is doubtful whether it is ascitic or ovarian, an assistant's hand pressed edgeways into the median line over the tumor will serve to break the wave of ascites and thus clear up the doubt.

A cyst with such thin walls that the fluctuation closely resembles that of ascites is probably a cyst of the broad ligament (parovarian); and tapping will make its nature evident at once, the fluid being perfectly limpid, while that of ascites is yellow serum, and that of an ovarian cyst darker and, as a rule, more viscid.

The Treatment of Alcoholism.—F. P. Atkinson, M. D., in *London Practitioner*:

Some of the most distressing cases we, as medical men, are called upon to attend are those of alcoholism, and it has, unfortunately, fallen to my lot during the last few years to have several from time to time under my charge. A good deal has been

written by different persons with regard to treatment, but I do not think this ought to deter one from putting on record his own personal observations, since it is only by accumulation of evidence that proper conclusions can be arrived at. As far as I can see, there would appear to be three different stages in the disease, viz:

1. *Sleeplessness*, accompanied by a hard quick pulse; loss of appetite in the morning, and morning sickness.

2. *Drowsiness*, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite; and constant sickness. The blood has in it an excessive amount of hydrocarbon.

3. *Delirium*, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain undergoes little or no repair. The vaso-motor nerve influence is almost entirely lost.

The treatment I have found beneficial in each stage is the following:

First Stage. Træ rhei, ℥x; træ card. co. ℥ss; træ hyoscyami, ℥ss; acid hydrocyanic dil., ℥iij; sp. chloroformi, ℥xv; aquæ ad. ℥i, quartis horis.

Second Stage. The treatment should be the same as just described, only it is as well to omit the prusic acid, as there is not the same excitement present.

Third Stage. Chloral should be given in thirty-grain doses every four hours, till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when nux vomica and gentian should be given as follows: Træ nucis vomice, ℥x; træ gentian co., ℥ss; ess. limonis, ℥i; sp. chloroformi, ℥xv; aquæ ad., ℥i. ter quaterve die. This rarely fails to reinduce sleep, but if persisted in long after it has produced its effect, sleeplessness returns. When this is the case the tincture of gentian, calumba, or chiretta should be given alone.

These remarks I am afraid will have but little interest for the scientific observer, but they can not, I think, fail to be of use to those engaged in general practice.

To show to what extent alcohol may be present in the blood, I may mention I have known it to burst into flame on a light being applied to a cut head, and Prof. Ogston, of Aberdeen, has told me he has been able to set it alight, when he has cut open the bladder of a man who has died in a fit of alcoholism.

Reflex Affections of the Nervous System in Diseases of the Ear in Children.—Dr. Bouchut, in a lecture delivered at the Hôpital des Enfants Malades (*Gaz. des. Hop.*), related some interesting cases as examples of the extraordinary and varied neuroses that may be met with in children suffering from affections of the ear. Thus we may have an *intermittent mania* of short duration, vertigo, fugitive imperfect paralysis, epileptiform symptoms, etc. In children, indeed, as in adults, diseases of the ear, and foreign bodies in the ear, may produce, quite independently of any inflammation of the brain or membranes, the most varied reflex neurosis. By means of the ophthalmoscope we find either a normal condition or very great congestion of the papilla and of the veins of the retina; so that we may conclude

that there is a cerebral hyperæmia, induced by irritation of filaments of the auditory, just as we observe it in the cephalalgia due to the reflex action of the second dentition. The indications are, the removal of any foreign bodies from the ear, and the slow injection of half a glass of milk with a teaspoonful of glycerine, or of an antiputrefactive solution made of ten drops of thymic acid to a quart of water, or of carbolic acid diluted to a thousand. In order to relieve the nervous condition, two or three grams or more of the bromide of potassium may be given daily, or ten drops morning and evening, in a quarter of a glass of water, of tincture gelsemium, or two or three grams of chloral at one dose. The *sulphate of quinine*, in doses of from fifty centigrams to a gram per diem, is, however, the remedy which has succeeded best.—*London Med. Times and Gazette.*

A Duplex Uterus with Duplex Conception.

—Dr. Sotschawa, of Moscow, relates the case of a woman, aged twenty-six years, who applied to him on account of hemorrhage occurring during her third pregnancy. On examination it was found that there were two distinct vaginæ, each leading to a uterus. The finger passed up readily through the first of these so as to be able to feel the presenting ovum, the uterus seeming to correspond to about the second month of pregnancy. The vagina on the other (the right) side was more narrow, but allowed the cervix of what seemed a third-month uterus to be felt. Hemorrhage was taking place from both uteri, and, in consequence of this being considerable, an embryo of a month old was removed by the finger from the left uterus; and three days later a three-month's fetus was extracted from the right uterus. The author observes that the case is not only remarkable for its rarity, only thirty similar cases being on record, but also as testifying to the probability of superfetation.—*St. Petersburg Med. Week.*

The Use of Citrate of Caffein as a Diuretic in Cardiac Dropsy.—Dr. Shapter, in an article on this subject in *London Practitioner*, concludes as follows: Caffein, similarly to belladonna, appears to increase vascular pressure, and consequently promotes cardiac contraction through the medium of the splanchnic nerves. Whatever may be the true theory of the action of citrate of caffein, the opinion is practically forced upon me through marked success in certain cases of the same type, and equally marked failure in other cases of a different type, that the caffein in doses of from gr. iij. to gr. vj. is a diuretic and cardiac stimulant of great value in such cases of cardiac dropsy where a dilated, feeble, and irregularly contracting heart undergoing progressive mural decay is the main clinical and pathological element to be contended against.

The Tropical Application of Chloral Medicated with Camphor.—The mixture of chloral and camphor is transformed by heat into a thick oily transparent liquid, resulting from the solution of the camphor in the chloral hydrate, which thus loses its proportion of water. This topical application does not act like chloral by revulsion, for it does not produce the slightest hyperæmia of the skin. Its action appears therefore to be due to its absorption. Dr. Sune, who has made out these facts, has seen several cases of pain in the side and slight attacks of neuralgia cured by this new medicine.—*Independencia Medica.*

Milk Diet in Chronic Cystitis and after Lithotripsy.—Dr. Teevan, acting upon Dr. George Johnson's method of an exclusively milk diet, has treated a patient suffering from chronic cystitis. After putting his alimentary canal into a fit and proper condition for commencing the treatment, the patient began to take a pint of milk every two hours; his urine thereupon became a mass of muco-pus, and pieces of curdled milk were vomited. At a later period more vomiting occurred, but the urine became quite clear, and the patient was discharged, cured of his cystitis within a fortnight of the commencement of the treatment. Commenting on the above case, Dr. Teevan states, that apart from the probable cure by milk alone of chronic cystitis, which is an exceedingly troublesome and unsatisfactory complaint, there is yet another field open for it, as was pointed out by Dr. Johnson, and that is the mitigation of the irritation which attends or follows the operation of lithotomy. The influence of an exclusively milk diet on the urinary tract and secretion is well seen in cases of children suffering from incontinence of urine, who can often be cured by simply ordering them to eliminate meat from their dietary, and to live on milk only, if possible, or milk and fish, if existence on one aliment can not be tolerated.—*London Lancet*.

Note on a Method of administering Chloral Hydrate.—E. L. Dixon, M. D., M. R. C. P., in *London Practitioner*:

On the 27th of July I was sent for some distance into the country to see a farmer, who was said to be dying. When I arrived I found that he had been suffering for the past twelve hours from a series of violent epileptic paroxysms, and that for three hours he had not been sensible. In my presence he had two attacks with an interval of twenty minutes, in which he never became quite conscious, but continued to toss about violently. He had passed urine involuntarily during a paroxysm; the pulse was quick and weak; the bowels had been well acted upon, and the temperature was high, 103.2°, as is the case in the status epilepticus. He had been, it was said, fairly temperate of late, but he had been thoroughly wet two days before this attack. He was a robust man of twenty-eight years of age. Epilepsy had first shown itself about two years before, from exposure to the sun during hay-making, it was said, and the attacks had been repeated about every month till January last, when I was called in to see him on account of his having had several in one day. I then found he had been indulging freely in alcoholic liquors; the urine was free from albumen and of fair sp. gr., but nothing else was to be made out. I recommended strict teetotalism, and that he should take the bromide potassium regularly for some time. After this he had no return until about five weeks ago, when he had two attacks, and had then remained free till I was again sent for.

On this occasion, in consequence of the increasing rapidity of the recurrence of the fits, I became alarmed as to the result, for it was evident that unless they ceased he would become comatose and die. The principal indications seemed to me to diminish if possible the excitability of the reflex nervous centers. I did not venture, nor did I think it desirable to bleed him. I had no chloroform with me, but I had a small bottle of the liquor chloral hydrat. (Corbyn), of which each minim equals a grain of the salt. I tried to make him swallow a draught containing a dram, diluted with water, but he pushed it away for-

cibly. I had also no syringe with which to administer it as an enema, or even hypodermically. With the assistance of a strong man, who held his head and opened the jaws with a piece of wood, I emptied a teaspoonful of the concentrated solution into the back of his mouth. He started violently, but did not eject any of the medicine. After a time I noticed that the restlessness diminished; still he did not sleep. About half an hour after the first dose I administered a second of about forty minims in a similar manner, when he gradually sank into a profound sleep, which lasted five or six hours, and there was no return of the convulsions. Next day I found his temperature had fallen to 101.3°, the pulse was quiet; the urine, however, contained a small amount of albumen, and was of sp. gr. 1.014.

[The above, the leading original article in the *Practitioner*, is published in full, partly from its medical value, and partly to call attention to the brevity of the articles in one of the best European journals. Many writers seem to think that they must be profuse to seem profound, and must be long to appear learned. Dr. Dixon's article might be further concentrated, and thereby abbreviated with advantage.—*EDS.*]

Treatment of Rheumatic Facial Paralysis by Galvanism.—Dr. J. Mascarel alleges that he has obtained much success from the following method of treating rheumatic paralysis of the facial nerve. On the first day he introduced a platinum needle, a centimeter or a centimeter and a half (four tenths or six sixteenths of an inch) in the direction of the stylo-mastoid foramen, toward the exit of the facial nerve from the cranium. A second platinum needle is placed horizontally in front of the orbit on the paralyzed side, in the superior fibers of the orbicularis palpebrarum. The needles are then connected with the poles of a battery of the desired intensity, and an interrupted current passed during twelve, eighteen, or twenty minutes. Violent contractions are caused by this plan, almost convulsive in the orbicularis palpebrarum, and sometimes the eyelids are closed at the first sitting. The second day, this operation is repeated with the palpebral needle below the eye. On the third, fourth, fifth, and sixth days the facial needle is successively introduced into those muscles of the face which prove most refractory, the other needle is always kept near the stylo-mastoid foramen. After the seventh or eighth day of this treatment, the paralysis had disappeared in a dozen successive cases.—*London Med. Record*.

Apomorphia as an Expectorant.—Drawing a conclusion from the fact that ordinary emetics, when administered in small doses, generally act as expectorants, the director of the Heidelberg Polyclinic made experiments with small doses of apomorphia. It was found to greatly facilitate expectoration, and to quickly remove dry and sibilant rales. It was given in doses of one sixty-fourth to one thirtieth grain in solution, the hydrochlorate being preferred.

The Very Latest on Jaborandi.—Jaborandi is to be classed as an emetic. While it may exert a sialagogue and sudorific action without emesis, just so may ipecac. They cause dilatation of and retardation of flow through the surface capillaries by paralysis of the sympathetic fibers distributed to them. Hence we have copious sweating and secretions from mucous surfaces.—*Am. Jour. Med. Sciences*.